

## GALLATIN COUNTY COMMUNITY DECAY ORDINANCE CITIZEN COMPLAINT

Before providing this form to the Compliance Department, it must be:

- completely filled out
- signed by 2 or more people (attached additional sheets if necessary)
- accompanied by three (3) photos of problem

1. <u>COMPLAINT INFORMATION</u>			
Address or site of property in viola	ntion	_	
Visible from which public road?			
Name of property owner			
Address of property owner			
2. <b>COMPLAINT</b> Describe in detail t	he alleged violation:		
Name	Telephone - Day	Eve	
Mailing Address	City	Zip	
I, the undersigned, hereby verify that knowledge. I understand that my name public record once the investigation is c violation.	will remain confidential dur	ing an investigation, but becor	nes
Signature:		Date	
Signature:		Date	
Are there others who agree a 'decay If yes, please attach names (with sign meet the definition of 'community considerable number of persons must l	natures) and phone numbers decay', an entire commu	s on a separate page. Note:	

**Return this form to**: Amy Waring, Code Compliance Specialist

Gallatin County Compliance Dept.

1709 W. College, Suite 102 Bozeman, MT 59715